

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

| | | | | | |
|---|--|---|---|--|--|
| NAME OF COMMITTEE (In Full) UAW EDUCATION FUND | | | FEC IDENTIFICATION NUMBER ▼ C C00528448 | | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee CUSTOM PROMOTIONS, INC | | | Date of Public Distribution/Dissemination 10 / 10 / 2016 | | |
| Mailing Address 17520 WEST 12 MILE RD STE. 200 | | | Amount 449.58 | | |
| City SOUTHFIELD State MI Zip Code 48076 | | Transaction ID : SE.4438 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y | | | |
| Purpose of Expenditure 2 ELECTION SIGNS | | Category/Type 006 | | | |
| Name of Federal Candidate CLINTON, HILLARY RODHAM, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____ | | |
| Full Name of Payee | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y | | |
| Mailing Address | | | Amount | | |
| City State Zip Code | | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y | | | |
| Purpose of Expenditure | | Category/Type | | | |
| Name of Federal Candidate | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | | 449.58 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (c) TOTAL Independent Expenditures..... | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| CASTEEL, GARY, , , Signature | | | [Electronically Filed] Date 10 / 11 / 2016 | | |